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CONFIRMATION NO. 5440

<b>SERIAL NUMBER</b> 10/652,846	<b>FILING OR 371(c) DATE</b> 08/29/2003 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1644	<b>ATTORNEY DOCKET NO.</b> D6020CIP4
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 09/796,294 02/28/2001 PAT 7,157,084 which is a CIP of 09/618,259 *NO*  
 07/18/2000 PAT 6,642,013  
 which is a CIP of 09/137,944 08/21/1998 PAT 7,067,250 *NO*  
 which is a CIP of 08/915,659 08/21/1997 PAT 7,014,993 *NO*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\****None*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 09/21/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> AR	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 66	<b>INDEPENDENT CLAIMS</b> 21
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>PA</i>				

**ADDRESS**

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**TITLE**

Extracellular serine protease

<b>FILING FEE RECEIVED</b> 1610	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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